

INSTRUCTIONS
INITIAL ENROLLMENT FORM
Rhode Island Department of Health
Women's Cancer Screening Program
Revised 04/2010

Purpose of Initial Enrollment Form:

The purpose of the Enrollment Form is to determine a woman's eligibility and to enroll her into the Rhode Island Department of Health Women's Cancer Screening Program (WCSP). All information collected is used to describe the population being served in aggregate and to identify the presence of risk factors associated with breast and cervical cancer. Much of this data is reported to the Centers for Disease Control and Prevention (CDC) to be included in a national database. Data that could be used to identify individual women, such as name, address, phone number, and social security number, is not reported to CDC and remains confidential.

When to complete and submit the WCSP Enrollment Form:

An "Initial Enrollment Form" is completed every other year when a woman returns for her screening services or if this is the first time seeing the client within your office. The "Initial Enrollment Form", screening results, and invoice for the office visit must be submitted together. Once the Pap smear result is received by your facility, the result of the clinical breast exam, Pap smear history, mammogram history, and the current Pap smear result can be submitted. It is not necessary to wait for the mammogram result as we understand a mammogram referral is good for up to one year and we do not want to hold up office visit payments to our providers. However, tracking mammograms is essential to ensure all mammogram results which were paid with WCSP funds are sent to the WCSP. Each Provider site should establish a tracking process for mammograms. Please keep a copy of all forms sent to the WCSP for your files.

Please note that it is the responsibility of the primary care/secondary care physician's office staff to complete all enrollment forms and applicable paperwork for the RI Women's Cancer Screening Program. A woman must be a Rhode Island resident to participate in the WCSP. All completed forms must be submitted to the Rhode Island Department of Health for final eligibility determination.

Where to submit all forms:

Each primary care/secondary care provider should send completed Enrollment Form, Screening Form, and invoice of the office visit submitted together to:

Data Manager
Rhode Island Department of Health
Women's Cancer Screening Program
3 Capitol Hill
Providence, RI 02908-5097

INSTRUCTIONS FOR COMPLETION OF THE INITIAL ENROLLMENT FORM

1. APPLICATION ELIGIBILITY CRITERIA

Age eligibility:

- Women ages 40 - 64 are eligible for WCSP services.
- Women 65+ without Medicare Part B or undocumented women are eligible for WCSP services.

- Women under age 40 with a **palpable breast lump** and/or symptoms suspicious for breast cancer, are eligible to receive available breast follow-up services through the WCSP.

Health Insurance Coverage:

- Determine if the woman has health insurance. If insured for annual breast and cervical cancer screening, the woman is **ineligible**. (Note: Medicaid provides for annual screening).

Insurance Eligibility:

Eligible if:

- No Health Insurance
- Has only Medicare Part A
- Is undocumented
- Has health insurance with a high deductible that is a barrier to receiving care

Income Eligibility:

Determine if she is financially eligible:

- Utilize WCSP Family Size and Eligible Income Levels Table
- Determine the total family income and indicate the amount. (*No proof of income needs to be supplied.*)
- If income eligible, check "Yes", and staff must initial.

2. APPLICANT INFORMATION

- Please attempt to complete all information in this section. It is strongly recommended that the woman self-declare her race and ethnicity. (Race and ethnicity must be recorded on the form). Please make a reasonable attempt to verify a client's social security number. The WCSP has the ability to access federal match dollars for clients who are US citizens or Permanent Resident Aliens > 5 years and meet all other WCSP eligibility criteria. The inability to obtain a valid Social Security number will prevent the WCSP from accessing federal match dollars. Women who are undocumented or without a social security number continue to be eligible for program WCSP services.
- WCSP policy for a Pap smear includes women who have had a hysterectomy as a result of a cervical dysplasia or cancer.

3. PROGRAM DESCRIPTION

- Instruct the woman to read the Program Description. IF the woman is unable to read or understand this section, please explain.

4. FINANCIAL ELIGIBILITY AND CONSENT FOR RELEASE OF INFORMATION

- Instruct the woman to read, sign and date the consent form.
- Please explain the Consent for Release of Information portion of the form.
- Place your office stamp in the box labeled "Place your office Stamp Here". This identifies the site where a client has been enrolled. If there is no office stamp available, please "write in" your office name and include the site location. There are numerous WCSP participating providers with several locations. The 3-digit red stamp developed for participating provider sites in the earlier years of the program will continue to be accepted to identify sites.